

FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

Title of Invention	Dual View Endoscope																				
Application Number : Date : First Named Applicant: Dr. Nitesh Ratnakar Attorney Docket Number:																					
TOTAL FEE AUTHORIZED \$ 954 Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>395</td><td>395</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 395</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	395	395				Subtotal For Basic Filing Fees: \$ 395								
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			Subtotal For Basic Filing Fees: \$ 395																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 39</td><td>19</td><td>2202</td><td>9</td><td>171</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>2201</td><td>44</td><td>88</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 259</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 39	19	2202	9	171	Independent Claims : 5	2	2201	44	88					Subtotal For Extra Claims Fees: \$ 259
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PRE GRANT PUBLICATIONS FEES																					
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Publication Fee For Early or Voluntary Publication	1504	300	300																		
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AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Credit account number:	9620																				
Expiration Date (YYYYMMDD):	2006-07-31																				
Authorized name:	Nitesh Ratnakar																				
Billing address:	53154																				